

NCI SBIR Industry Mentoring and Assistance Program

Thank you for your interest in the NCI SBIR Industry Mentoring and Assistance Program (IMAP). All applications must be submitted by email to NCISbirEvents@mail.nih.gov by COB Tuesday, February 22, 2022.

1. Company Name:

2. Type of Product/Technology: (Select one most relevant option)

Small molecule	Research tool
Surgical or Ablative device	Biologics/Vaccine
Imaging device	Cell/Gene therapy
In vitro diagnostic	Hospital device
Bioinformatics/Health IT/Digital health	Drug delivery device
	Imaging agent

3. SBIR Grant or Contract Number for this product/technology:

4. We are trying to better understand the role of women and underrepresented racial and ethnic groups* that apply for NCI SBIR/STTR funding. Please help us by selecting any of the categories below that are true for your company:

**The following racial and ethnic groups have been shown to be underrepresented in health-related sciences in the United States: African Americans, American Indians and Alaska Natives, Hispanics (or Latinos), Native Hawaiians and other Pacific Islanders. For more information: [Link](#)*

I. Percentage of company owned by one or more individuals who are underrepresented in the health-related sciences.

51% or more	1% - 10%	0%
26% - 50%	>0% - <1%	I don't know
11% - 25%		

II. Percentage of company owned by a woman or women.

51% or more	1% - 10%	0%
26% - 50%	>0% - <1%	I don't know
11% - 25%		

5. Name, title, and contact information of C-suite executive or lead team member who will participate in the mentoring Program. Note: Participants must have decision making power with respect to the product development for the product to be commercialized.

Name:	Email:
Title:	Phone number:

6. Names and titles of any additional team members that will attend meetings with mentoring team:

Name:	Title:	Email:
Name:	Title:	Email:
Name:	Title:	Email:

7. Do you agree with the Needs Area priority level determined in the TABA Needs Assessment Report (page 14)?

Yes No

8. Rank the Needs Areas identified in the TABA Needs Assessment Report from 1-5, with 1 being the highest need that you would like to be mentored in.

Priority 1	Priority 4
Priority 2	Priority 5
Priority 3	

Briefly describe what you would like to accomplish in your top 3 priority Needs Areas through working with the mentors.

9. Have you made progress in the Needs Areas since the TABA Assessment?

Target Market Attractiveness	Competitive Advantage and IP
Technology and Market Needs	Market Access/Sales
Regulatory	Management Team
Clinical	Strategic Partners
Business Model Profitability	Funding
Reimbursement	

Briefly explain your progress in each selected needs area in the space provided.

By submitting this application, I agree to the following:

Sharing the TABA Needs Assessment report and this application with mentors.

Participating in 20-30 hours of mentoring (total) over the course of a 6-12 month time frame and performing any actions assigned by the mentors to make progress on your key company needs.

Completing the short survey and progress tracking forms provided by the NCI after each meeting.

Adhering to no deal flow rule and not pursuing partnerships or conducting fundraising activities with the mentors during mentoring.

** You must agree to all four to be eligible to participate in the program.*